# EXHIBIT R

### New York City Police Department

Omniform System - Arrests

RECORD STATUS: NYSID ENTERED

Arrest ID: B07675825 - H

Arrest Location: SOUTH WEST CORNER ARTHUR AVENUE &

EAST TREMONT AVENUE

Pct: 048

Arrest Date: 10-02-2007

Processing Type: ON LINE

Time: 03:44:00

DCJS Fax Number: BO056038

Sector: D

Special Event Code: -

Strip Search Conducted:

DAT Number:

Viper Initiated Arrest:

ICAD#

Stop And Frisk: NO

Return Date: 0000-00-00

Serial #: 0000-000-00000

COMPLAINTS:

Arrest #: B07675825

COMPLAINT NUMBER REPORT DATE RECORD STATUS

OCCUR DATE OCCUR TIME

2007-048-08894

2007-10-02

Valid, Initial Arrests made 2007-10-02

CHARGES:

Arrest #: B07675825

CHARGE ATTEMPT? LAW CODE CLASS TYPE COUNTS DESCRIPTION

PL 160.10 01 F C TOP No

1 ROBBERY-2ND:AIDED BY ANOTHER

1 MENACING-2ND:WEAPON

PL 120.14 01 M #02 No PL 265.01 01 M

1 CRIM POSS WEAP-4TH:FIREARM/WEP

#03 Α No PL 165.40 M

1 CRIM POSSESSION STOLN PROP-5TH

| How Arrest came about:                      |                                         |                             | # Injuries:<br>00             | # Fatalities:<br>00              | Test Given:                        |                              | Reason Vehicle Not Forfeit:  |         | ot Forfeit:            |  |
|---------------------------------------------|-----------------------------------------|-----------------------------|-------------------------------|----------------------------------|------------------------------------|------------------------------|------------------------------|---------|------------------------|--|
| Blood<br>Specimen<br>Taken:                 | Blood<br>Specimen<br>Refused:           | Urine<br>Specimen<br>Taken: | Urine<br>Specimen<br>Refused: | Oral Fluid<br>Specimen<br>Taken: | Oral Fluid<br>Specimen<br>Refused: | Breath<br>Sample<br>Refused: | Breath<br>Sample<br>Reading: | BrAC:   |                        |  |
| Role:<br>IDTU<br>Technician                 | Department:                             | Тах:                        | Command:                      | Shield:                          | Rank:                              | Last Name:                   | First Name:                  | и вин н | IDTU/Blood<br>Case No: |  |
| Role:<br>Point Person                       | Department:                             | Тах:                        | Command:                      | Shield:                          | Rank:                              | Last Name:                   | First Name:                  | MI:     |                        |  |
| Role:<br>Supv in<br>Charge of<br>Checkpoint | Department:                             | Tax:                        | Command:                      | Shield:                          | Rank:                              | Last Name:                   | First Name:                  | MI:     |                        |  |
| F                                           | 100 100 100 100 100 100 100 100 100 100 |                             |                               |                                  |                                    |                              |                              |         |                        |  |

**DETAILS:** 

Arrest #: B07675825

AT T/P/O DEFT ALONG WITH ANOTHER UNAPREHENDED PERP AT KNIFE POINT DID REMOVE CELL PHONE AND USC FROM C/V.

#### **DEFENDANT: LOPEZ, ELIEZER**

NYSID #: 03550767R

Arrest #: B07675825

Nick/AKA/Maiden:

Height: 5FT 10IN

Sex: MALE

Weight: 150

Race: BLACK HISPANIC

Eye Color: BROWN

Age: 28

Date Of Birth: 1979

Hair Color: BLACK

Hair Length: SHORT

U.S. Citizen: YES

Hair Style: CLOSE

Place Of Birth:

Is this person not NO

Skin Tone: MEDIUM

Order Of Protection: NO

Issuing Court:

Docket #:

**Expiration Date:** 

Relation to Victim: STRANGER

Living together: NO Can be Identified: YES

Complexion: CLEAR

| Identification ID:                                                                                                                                                                                                                                                                                                                       | Occup                                                                                                                                                                                              | ation: UNKNOWN                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Identification ID:                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                    |                                                                      | 4.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |
|                                                                                                                                                                                                                                                                                                                                          | PARENTLY Lic/F                                                                                                                                                                                     | Permit                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| Physical Condition: APF                                                                                                                                                                                                                                                                                                                  | RMAL                                                                                                                                                                                               | Туре:                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| Drug Used: NO!                                                                                                                                                                                                                                                                                                                           | NE Lic/F                                                                                                                                                                                           | Permit<br>No:                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| LOCATION ADDR                                                                                                                                                                                                                                                                                                                            | RESS CITY                                                                                                                                                                                          | STATE/CNTRY                                                          | ZIP APT/ROOM PCT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |
| Phone # and E-Mail Address:                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                    |                                                                      | 040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |
|                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                    | a. On Dutu                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| N.Y.C.H.A. Resident: NO N.  Development:                                                                                                                                                                                                                                                                                                 | Y.C. Housing Employe<br>I.Y.C. Transit Employe                                                                                                                                                     |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| Physical Force:NONE                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                    |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| Gun:                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                    |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| Weapon Used/Possessed:<br>Non-Firearm Weapon:                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                    | Make:<br>Color: S                                                    | Recovered:<br>serial Number Defaced:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |
| Other Weapon Description:                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                    | Caliber:                                                             | Serial Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |
|                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                    | Type:                                                                | Condition to the condit |                     |
|                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                    | Discharged: NO                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| Station Entered:                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                    |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| Time Entered: Metro Card Type: Metro Card Used/Poses: Card #:                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                    |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| Time Entered:<br>Metro Card Type:<br>Metro Card Used/Poses:<br>Card #:                                                                                                                                                                                                                                                                   | DETAILS                                                                                                                                                                                            |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| Time Entered:<br>Metro Card Type:<br>Metro Card Used/Poses:                                                                                                                                                                                                                                                                              | DETAILS<br>UNKNOWN                                                                                                                                                                                 |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| Time Entered: Metro Card Type: Metro Card Used/Poses: Card #:  CRIME DATA MODUS OPERANDI                                                                                                                                                                                                                                                 | UNKNOWN                                                                                                                                                                                            | SICAL FORCE                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| Time Entered: Metro Card Type: Metro Card Used/Poses: Card #:                                                                                                                                                                                                                                                                            | UNKNOWN                                                                                                                                                                                            |                                                                      | LOTHES - BLUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |
| Time Entered: Metro Card Type: Metro Card Used/Poses: Card #:  CRIME DATA MODUS OPERANDI ACTIONS TOWARD VICTIM                                                                                                                                                                                                                           | UNKNOWN<br>INJURY USING PHY                                                                                                                                                                        | VEAT / JOGGING C                                                     | LOTHES - BLUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |
| Time Entered: Metro Card Type: Metro Card Used/Poses: Card #:  CRIME DATA MODUS OPERANDI ACTIONS TOWARD VICTIM CLOTHING CLOTHING CLOTHING                                                                                                                                                                                                | UNKNOWN INJURY USING PHY ACCESSORIES - SW FOOTWEAR - SNEA OUTERWEAR - T-SH                                                                                                                         | VEAT / JOGGING C<br>KERS - BLACK<br>HIRT OR TANK TOP                 | P - WHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |
| Time Entered: Metro Card Type: Metro Card Used/Poses: Card #:  CRIME DATA MODUS OPERANDI ACTIONS TOWARD VICTIM CLOTHING CLOTHING CLOTHING CLOTHING                                                                                                                                                                                       | UNKNOWN INJURY USING PHY ACCESSORIES - SW FOOTWEAR - SNEA OUTERWEAR - T-SH HEADGEAR - UNK -                                                                                                        | VEAT / JOGGING C<br>KERS - BLACK<br>HIRT OR TANK TOP                 | P - WHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |
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| Time Entered: Metro Card Type: Metro Card Used/Poses: Card #:  CRIME DATA MODUS OPERANDI ACTIONS TOWARD VICTIM CLOTHING CLOTHING CLOTHING CLOTHING CLOTHING CHARACTERISTICS BODY MARKS BODY MARKS IMPERSONATION  JUVENILE DATA:  Re Number Of Priors: 0 School Attending:                                                                | UNKNOWN I INJURY USING PHY ACCESSORIES - SW FOOTWEAR - SNEA OUTERWEAR - T-SH HEADGEAR - UNK - UNKNOWN -UNKNOWN -UNKNOWN UNKNOWN UNKNOWN elative Notified: Perso Name: Phone Called: Time Notified: | VEAT / JOGGING C<br>KERS - BLACK<br>HIRT OR TANK TOP<br>UNKNOWN COLO | P - WHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Arrest #: B07675825 |
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| Time Entered: Metro Card Type: Metro Card Used/Poses: Card #:  CRIME DATA MODUS OPERANDI ACTIONS TOWARD VICTIM CLOTHING CLOTHING CLOTHING CLOTHING CLOTHING CHARACTERISTICS BODY MARKS BODY MARKS IMPERSONATION  JUVENILE DATA:  Re Number Of Priors: 0 School Attending: Mother's Maiden Name:  ASSOCIATED ARRES  ARREST ID COMPLAINT # | UNKNOWN INJURY USING PHY ACCESSORIES - SW FOOTWEAR - SNEA OUTERWEAR - T-SH HEADGEAR - UNK - UNKNOWN -UNKNOWN UNKNOWN UNKNOWN elative Notified: Perso Name: Phone Called: Time Notified:            | VEAT / JOGGING C<br>KERS - BLACK<br>HIRT OR TANK TOP<br>UNKNOWN COLO | P - WHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |

| CALL # NUMBER DIALED NAME - PROVIDED BY DEFENDANT NAME AS LISTED IN CELL PHONE RELATIONSHIP CALL COMPLETED                                                             |                     |         |                 |   |                                   |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------|-----------------|---|-----------------------------------|--|--|--|--|
| INVOICES:                                                                                                                                                              | Arrest #: B07675825 |         |                 |   |                                   |  |  |  |  |
| INVOICE# COMMAND PROPERTY TYPE VALUE                                                                                                                                   |                     |         |                 |   |                                   |  |  |  |  |
| ARREST RULES:                                                                                                                                                          | Arrest #: B076      | 7675825 |                 |   |                                   |  |  |  |  |
| ARRESTING OFFICER: POM RAFAEL PER                                                                                                                                      | Arrest #: B07       | 675825  |                 |   |                                   |  |  |  |  |
| Tax Number: 930942 On Duty: YES Other ID (non-NYPD): 0 In Uniform: YES Shield: 14240 Squad: A3 Department: NYPD Chart: 05 Command: 048 Primary Assignment: BEAT OFFICE | CER                 |         |                 | ) | ed by any MOS<br>-00000 Suffix: 0 |  |  |  |  |
| Arresting Officer Name: POM PEREZ, RAFAEL                                                                                                                              | Tax #:<br>930942    | 2       | Command:<br>048 |   | Agency:<br>NYPD                   |  |  |  |  |
| Supervisor Approving:<br>SGT NICHOLS BRIAN                                                                                                                             | Tax #:<br>896587    | 7       | Command:<br>048 |   | Agency:<br>NYPD                   |  |  |  |  |
| Report Entered by:<br>DT3 MILEY, WALTER                                                                                                                                | Tax #:<br>889074    |         | Command:<br>271 |   | Agency:<br>NYPD                   |  |  |  |  |
| END OF ARREST REPORT<br>B07675825                                                                                                                                      |                     |         |                 |   |                                   |  |  |  |  |

Print this Report



## New York City Police Department

|                                                                                                                                                                                                                                                                              | Omniform System - Complaints |                  |                                       |                                                                                                                      |                                                                                                                                                               |                                     |            |                                     |                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------|-------------------------------------|-----------------------------------------------------------------|
| Report Cmd:<br>048                                                                                                                                                                                                                                                           | Jurisdiction:<br>N.Y. POLICE |                  | ICAD#:                                | Record Status: Complaint #: 2007-048-008894                                                                          |                                                                                                                                                               |                                     |            | No Other<br>Legacy Blue<br>Versions | No Other<br>Complaint<br>Revisions                              |
| Occurrence Location: TREMONT AVENUE & EAST TREMONT AVENUE  Name Of Premise: Premises Type: STREET Location Within Premise: Visible By Patrol?: YES                                                                                                                           |                              |                  |                                       | NYC Parks Dept. Property Did this offense occur on NYC Parks Dept. Property? Command: NYC Parks Dept. Property Name: |                                                                                                                                                               |                                     | В          |                                     |                                                                 |
| Occurrent                                                                                                                                                                                                                                                                    | 10-02 04:00                  |                  |                                       |                                                                                                                      |                                                                                                                                                               | Aided #<br>Accident #<br>O.C.C.B. # |            |                                     |                                                                 |
| Classification: ROBBERY Attempted/Completed: COMPLETED Most Serious Offense Is: FELONY PD Code: 397 ROBBERY,UNCLASSIFIED,OPE PL Section: 16015 Keycode: 105 ROBBERY                                                                                                          |                              |                  |                                       |                                                                                                                      | Case Status: CLOSED  Unit Referred To: Clearance Code: UNIFORM ARREST  Log/Case #: 0  Clearance Arrest Id: Clearance AO Cmd: File #: 5  Prints Requested? YES |                                     |            |                                     |                                                                 |
|                                                                                                                                                                                                                                                                              |                              |                  | SQF Numb<br>0000-000-0                |                                                                                                                      | Personal Information Information Used To A Crime?                                                                                                             |                                     |            |                                     |                                                                 |
| Gang Related?<br>NO                                                                                                                                                                                                                                                          | Detective Bo                 | orough Wheel Log | Name Of G                             | ang:                                                                                                                 |                                                                                                                                                               |                                     |            | Child Abuse S<br>NO                 | uspected?                                                       |
| DIR Required? NO Child in Co                                                                                                                                                                                                                                                 |                              |                  |                                       | mmon?                                                                                                                | ?                                                                                                                                                             | Intimate Rela                       | ationship? | Officer Body Worn Camera:           |                                                                 |
| Entry Method: Comp Entry Location: Su                                                                                                                                                                                                                                        |                              |                  | Comp  <br>Company  <br>Crim<br>Survey | Respon<br>Name/P<br>ne Preve<br>Reques<br>aint/Re                                                                    | ssed?<br>ded?:<br>hone:<br>ention<br>sted?:                                                                                                                   | Occupied?: Amber Stress             |            |                                     | tition Present:<br>or Stress Light<br>Activated:<br>Conveyance: |
| Supervisor On Scene - Rank / Name / Command :<br>SGT NICHOLS 048                                                                                                                                                                                                             |                              |                  |                                       |                                                                                                                      | Canvas Conducted: Translator(if used):                                                                                                                        |                                     |            |                                     |                                                                 |
| NARRATIVE: AT T/P/O C/V STATES DEFT ALONG WITH ANOTHER UNAPREHENDED PERP DID APPROCHED C/V AND THREW HIM TO THE GROUND, PUT A KNIFE TO HIS NECK AND REMOVE HIS CELL PHONE AND USC. C/V ALSO STATES THAT DEFT STATED IF HE GOT UP FROM THE FLOOR THEY WERE GOING TO KILL HIM. |                              |                  |                                       |                                                                                                                      |                                                                                                                                                               |                                     |            |                                     |                                                                 |
| No NYC TRANSIT Data for Complaint # 2007-048-008894                                                                                                                                                                                                                          |                              |                  |                                       |                                                                                                                      |                                                                                                                                                               |                                     |            |                                     |                                                                 |
| Total Victims: Total Witnesses: 0                                                                                                                                                                                                                                            |                              |                  |                                       |                                                                                                                      |                                                                                                                                                               | Total Reporters: Total Wanted: 0    |            |                                     |                                                                 |

| VICTIM: # 1 of 1                                                                                                                                                                                         |              |                         |           |                                                                                                             |              | Complaint#:<br>2007-048-008894 |                     |          |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------|-----------|-------------------------------------------------------------------------------------------------------------|--------------|--------------------------------|---------------------|----------|--|--|
| NIck/AKA/Maiden: UMOS: Sex/Type: MALE Race: UNKNOWN Age: 0 Date Of Birth: UNKNOWN Disabled? NO Is this person not Proficient in English?: NO If Yes, Indicate Language:                                  |              |                         |           | Gang/Crew Affiliation: NO Name: Identifiers:  Will View Photo: NO Will Prosecute: YES Notified Of Crime YES |              |                                |                     |          |  |  |
| N.Y.C.H.A Resident? NO Is Victim fearful for their safety / life? Escalating violence / abuse by suspect? Were prior DIR's prepared for C/V?                                                             |              |                         |           |                                                                                                             |              | Victim Comp. Law: YES          |                     |          |  |  |
| LOCATION<br>HOME-PERMANEN                                                                                                                                                                                | ADDRESS<br>T | <u>CITY</u> <u>STAT</u> | E/COUN    | ITRY ZIP A                                                                                                  | APT/ROOM     | 1                              |                     |          |  |  |
| Phone #: CELL:                                                                                                                                                                                           |              |                         |           |                                                                                                             |              |                                |                     |          |  |  |
| Action against Victi                                                                                                                                                                                     | m:           | Actions Of Vic          | tim Prior | To Incide                                                                                                   | nt:          |                                |                     |          |  |  |
| Victim Of Similar In<br>NO                                                                                                                                                                               | cident:      | If Yes, When A          | nd Wher   | е                                                                                                           |              |                                |                     |          |  |  |
| ARRESTS:                                                                                                                                                                                                 |              | Complair                | nt # 200  | 7-048-0                                                                                                     | 08894        |                                |                     |          |  |  |
| Arrest ID Status Defendant Name Sex Race Age Arrest Date  B07675825 ACTIVE LOPEZ, ELIEZER MALE HISPANIC BLACK 28 10/02/2007                                                                              |              |                         |           |                                                                                                             |              |                                |                     |          |  |  |
| PROPERTY:                                                                                                                                                                                                |              | Complaint #2007-048     | 3-0088    | 94                                                                                                          |              | Lost/Stolen/F<br>STOLEN        | ound:               |          |  |  |
| Item Property Category: Owner Identification Num: Qty Description Serial # Property Type \$ Stolen \$ Recovered   1. PERSONAL NONE 0. MISCELLANEOUS 50. 0.   TOTAL VALUES: STOLEN \$ 50. RECOVERED \$ 0. |              |                         |           |                                                                                                             |              |                                |                     |          |  |  |
| EVIDENCE:                                                                                                                                                                                                |              |                         |           |                                                                                                             |              | Complaint #                    | 2007-048            | 3-008894 |  |  |
| Evidence Collection Team/Crime Scene Collected?: NO  Evidence Collection Team/Crime Scene Requested?: Respon                                                                                             |              |                         |           | nded?:                                                                                                      | ECT<br>Run#: | Crime Scen<br>Responded        |                     |          |  |  |
| Evidence Invoice #                                                                                                                                                                                       |              |                         |           |                                                                                                             |              |                                |                     |          |  |  |
| No IMEI Data                                                                                                                                                                                             | for Complain | nt # 2007-048-0         | 0889      | 4                                                                                                           |              |                                |                     |          |  |  |
| Reporting/Investigating M.O.S. Name: POM PEREZ RAFAEL  Tax #: Command: 048 PCT Rep.Agency: NYPD                                                                                                          |              |                         |           |                                                                                                             |              |                                |                     |          |  |  |
| Supervisor Approving Name:<br>SGT NICHOLS BRIAN                                                                                                                                                          |              |                         |           | Tax #:<br>896587                                                                                            | - 11         | ommand: Rep.A<br>18 PCT NYPD   |                     | gency:   |  |  |
| Complaint Report Entered By:<br>DT3 MILEY                                                                                                                                                                |              |                         |           | Tax #:<br>889074                                                                                            |              | Command: Rep.4<br>BXD 048 NYPE |                     | gency:   |  |  |
| Signoff Supervisor Name:<br>SGT MILLS                                                                                                                                                                    |              |                         |           | Tax #:<br>913647                                                                                            | DAR DOT      |                                | Rep.Agency:<br>NYPD |          |  |  |
| END OF COMPLAINT REPORT<br># 2007-048-008894                                                                                                                                                             |              |                         |           |                                                                                                             |              |                                |                     |          |  |  |

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